



OFFICE USE ONLY

POSITIVE SEARCH: _____

NEGATIVE SEARCH: _____

DATE MAILED/FAXED: _____

APPLICATION FOR COURT OF CONTINUING JURISDICTION FOR A CHILD INQUIRY

PLEASE PRINT CLEARLY. INCLUDE A COPY OF YOUR (APPLICANT) VALID ID WHEN SENDING IN THE REQUEST. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.

Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)

Your Name (First, Middle, Last Name):
Street Address: City: State: Zip Code:
Email Address: Daytime Telephone Number:
Would you like the response faxed or mailed?
Per Family Code 155.101, information may be released to the following:
RELATIONSHIP (CHECK ONE): Court Attorney a Party
I authorize mailing to the address below instead of my mailing address listed above.
Name:
Address to Send to if different than noted above: City: State: Zip Code:

Step 2: INFORMATION FOR CHILD

NAME OF CHILD First Middle Last DATE OF BIRTH (MM/DD/YYYY):
PRIOR NAME OF CHILD (IF ANY) First Middle Last
BIRTHPLACE: City County State
MOTHER'S NAME: First Middle Maiden Last Name (prior to first marriage) DATE OF BIRTH (MM/DD/YYYY)

Application to be mailed with valid ID to: DSHS - VSS CCJ Registry MC 1966, P.O. Box 149347, Austin, TX 78714-9347. Our standard processing time is 10-15 business days. Please allow 3-5 business days for a rush request.

The applicant must include a photocopy of his or her valid photo ID issued by a governmental entity. Visit our website for a current list of acceptable identification in English (http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/) and Spanish (http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-(Spanish)).

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)

Signature of Applicant _____ Date Signed (MM/DD/YYYY) ____/____/____

For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: https://www.dshs.texas.gov/orderstatus/.